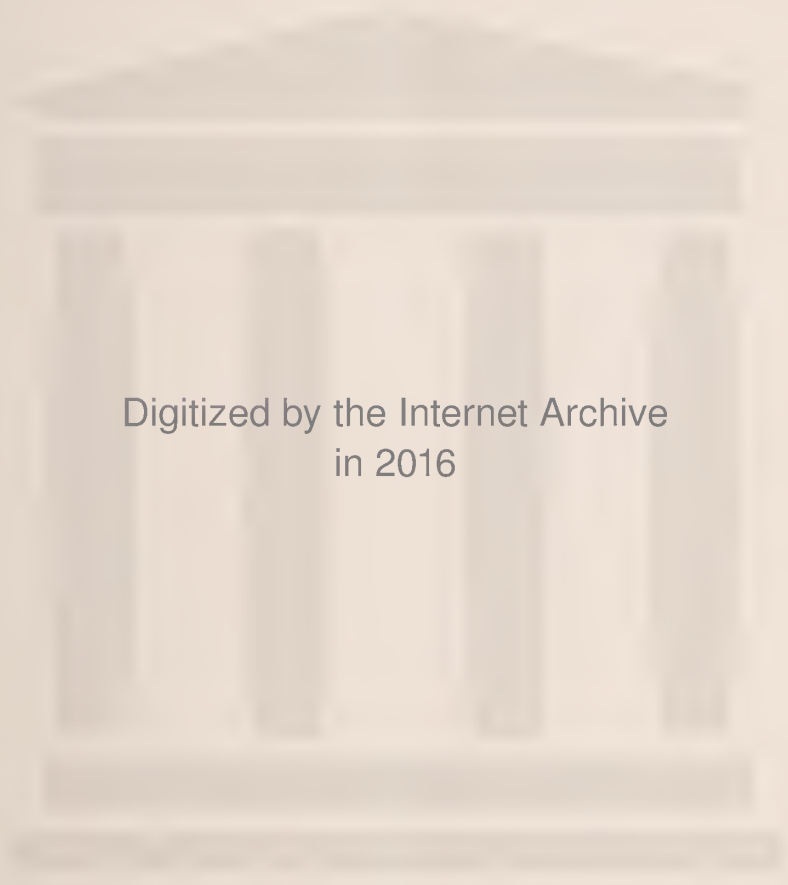
The Medical Missionary

BY

JAMES L. BARTON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The Medical Missionary

SOME ACCOUNT OF HIS TASK, EQUIPMENT AND EXPERIENCES IN THE WORK OF THE AMERICAN BOARD

By
Secretary James L. Barton

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Introductory Note

AS will be seen, this publication does not attempt a formal or complete treatment of the medical branch of missionary work conducted by the American Board. It is rather, in large part, a series of sketches of different aspects of the work, drawn from the experience of representative missionaries in several of the Board's fields, and presented mainly through their own narratives. The hope is to present by such personal testimony and incident some vivid pictures of an undertaking too manifold and widespread to be set forth within the limits of a single pamphlet.

A MEDICAL MISSIONARY'S "PARISH" IN CHINA: THE DOCTOR APPEARS IN SIGHT.

The Medical Missionary

His Place in the World's Work

BEFORE referring to what the missionaries themselves and Mission Boards think of the medical work, it may be well to introduce the testimony of Edgar Allen Forbes upon the subject. In an excellent article printed recently in *The World's Work* Mr. Forbes wrote in part as follows:

"If, at Christmas-time, we ask the man who has seen all that is worth seeing in the world what is the most beneficent work that he has witnessed in any quarter of the earth, he will probably name the work of the men and women who carry the gospel of Jenner and

ANATOLIA COLLEGE HOSPITAL, MARSOVAN, WESTERN TURKEY

Pasteur and anæsthesia. If he shall have faced the onsweep of a pestilence or watched beside a child whose throat was fast closing with a diphtheritic membrane, the work of the educator, the engineer, the philanthropist, even of the minister himself, will have shrunk into the commonplace beside the work of the physician. We are entitled to our individual estimates of the usefulness of the man who goes abroad with the Bible and hymn-book, but there can be little difference of opinion regarding the man or woman who carries his gospel in a surgical case, whose chapel is a thatched dispensary in an out-of-the-way place in the world. The doctor who goes a hundred or a thousand miles beyond

the most distant hospital and practises his profession among an alien race — at a salary equal to that of a bookkeeper — certainly needs envy no other man in any part of the world his opportunities for doing good.

"You may journey from the Golden Gate to Stevenson's grave in the South Seas, wind your northward way through the Pacific islands to Canton and Shanghai, take the overland trail across Asia to Constantinople, or swing south to Bangkok and westward to Suez; then you may circumnavigate the Dark Continent, or cross it from Cairo to

A DOCTOR'S GIG IN NORTH CHINA.

Capetown and from Sierra Leone to Khartum — and in all these months and months of travel you will never be far from the American missionary physician. His diploma is from one or another of the best medical colleges in the United States, and his experience has been gained in a practice probably larger than that of any professor that taught him.

"These countrymen of ours are in the torrid belt of Africa and at Point Barrow, four hundred miles within the Arctic Circle, where mail is delivered once a year. Their hospitals are in the New Hebrides and among the fisher-folk of Labrador, a thousand miles north of the Gulf of St. Lawrence. They are administering chloroform in Jerusalem and

Damascus and Tyre, vaccinating in Peking and Singapore and on the road to Mandalay, giving quinine in the malarial forests of the Zambesi, the Congo, and the Niger. They are on the slopes of the Andes and high up in the Himalayas, 'the roof of the world.' There is a medical station at Harpoot, near the head waters of the Tigris and the Euphrates, and these are the instructions how to get there: 'Cross the Bosphorus from Constantinople to Scutari and take the train to Angora, going thence for three weeks by caravan.'

"Instead of the familiar 'doctor's buggy,' these physicians make their calls in canoes, jinrikishas, palanquins, sledges, wheelbarrows, and hammocks; they tour the villages of their districts by boat, on elephants and camels, and afoot. They have no Waldorf-Astoria suites, but lodge in such inns as this: 'A small room without windows and with no furniture except three beds. These were planks covered with dirty mats upon which coolies had smoked opium for years. A pith-wick in a saucer of peanut-oil was the only light. The floor was black earth; the walls were besmeared and mouldy; everywhere were vermin. The odor of opium-smoking and of pigs wallowing at the door pervaded the room.' Their dispensary prescriptions are written in characters so strange that no American druggist could fill them, and their instructions to nurses are spoken in tongues not learned at their mother's knees.

"Men tell us that this is the Commercial Age, that our race is money-mad, that in his swift pursuit of wealth the American takes not time to eat, to think, to pray, to help. And this is our reply:

"Of this widely scattered staff of physicians, comprising several hundred men and women, more than half are from the United States, and only a very small fraction have gone from other than Anglo-Saxon lands. The great majority of them are supported by the four aggressive denominations,—the Presbyterians, the Baptists, the Methodists, and the Congregationalists. The foreign medical staff of the Presbyterians numbers about a hundred, nearly half of them being women. Their hospitals are in China, Korea, India, Siam, Persia, the Turkish provinces, and West Africa. This force last year treated nearly half a million patients in these lands, practically all of them with no other hope of sympathetic and scientific treatment. The Congregationalists (The American Board), with a staff about half as large, ministered to nearly 350,000 sick people. The cost of this humane work averaged about $1,400 for each physician, including salary, assistants, supplies, and travelling-expenses. They have thirteen hospitals exclusively for women, and three for lepers. The Baptists and the Methodists, with foreign medical staffs about as large, accomplished a work proportionately large and important. The individual reports from many of these hospitals, though condensed into a few sentences, tell a story that makes one feel that the age and race have not gone wrong."

A CORNER IN THE SURGICAL WARD, AZARIAH SMITH MEMORIAL HOSPITAL, AINTAB, CENTRAL TURKEY.

Hospitals and Dispensaries

It is impossible to state just how many hospitals there are in connection with the medical work of the Board until we come to a better understanding as to what we mean by "hospital." If we mean by the word a large, commodious, well-equipped establishment with private rooms and wards and with operating-rooms furnished with modern appliances, the total number is few. In such a case we would point with pride to a fine new stone hospital for women at Ahmednagar, over which Dr. Ruth Hume presides; and the two-storied, white, attractive, stone structure with its deep verandas at Madura, erected and directed by Dr. Frank Van Allen known throughout Southern India; and the well-established buildings of many wards at Aintab, Turkey, to which Dr. Shepard has given his name and fame throughout all Northern Syria, from the Taurus Mountains across Northern Mesopotamia and into the high plateaus of the upper Tigris and Euphrates rivers. We must also mention the hospital at Marsovan, Turkey, whence Christianity is accredited over all Anatolia through the skill and service of Drs. Marden and Hoover. There are at least fifteen such hospitals in the missions of this Board; not one of them is yet equipped as it ought to be; yet each one, compared with the customary medical facilities of the country, is a marvel of comfort.

But we must not draw the line here. There are other physicians of no less earnestness and ability who — like Dr. Underwood at Erzroom, Turkey; Dr. Atkinson at Harpoot; Dr. Beals and Dr. Grieve at Sholapur, India; the Drs. Tucker at Pang Chuang, and Drs. Atwood and Hemingway in Shansi, China; and the Drs. Cammack in Africa — are overcoming difficulties in their medical practice which no physician in this country would think possible, producing marvellous results, in made-over houses, scattered and poorly equipped buildings, all kinds of makeshifts to meet the emergencies which are constantly thrust upon the physicians in charge. While these buildings are rude and woefully inadequate, even under such circumstances the patients are afforded medical and surgical care they never before experienced, and go away rejoicing in their new-found conception of the life of Jesus Christ lived over again in the person of the medical missionaries. Of this kind of hospital there are twenty-three in Africa, China, India, and Turkey.

The writer once asked Dr. Shepard what he regarded as his most successful surgical operation. He replied: "An operation I once performed for strangulated hernia, in the night, in an old hovel without floor or bed or window, the patient a man lying upon a mass of filthy rags upon the ground that had been trodden by the feet of ten generations at least, my only assistant an old, ignorant woman who held the native oil-lamp that gave off 90% smoke and smell to 10% of light. The operation had to be performed at once or the patient must die. He made good recovery, thus proving the uncertainty of the microbe theory as applied to those conditions."

Besides the hospitals, there are dispensaries wherever there are physicians, like the one Mrs. Dr. Perkins has at Paotingfu, consisting of a large cupboard in her dining-room; or Dr. Tallmon's dispensary and dressing-room at Lintsing, which extends from her study over her sitting-room out on to the veranda; or Miss Bement's at Shaowu, which serves both the purposes of a dispensary and a residence for the doctor while her own house is under construction; or Dr. Whitney's at Pagoda Anchorage,

DR. F. D. SHEPARD, OF AINTAB.

Foochow, which is in combination with his study and office; or Dr. Hager's, in South China, which is usually on the move, covering an extensive area westward from Hong Kong over the wide parish of that mission and always located near his person.

THE DISPENSARY AT AHMEDNAGAR, INDIA.

Whatever we may say of the mission hospitals and the still larger number of dispensaries, they are never inactive. There is always something doing in all departments, and it is a doing that counts.

Then there are several new hospitals soon to be constructed, like Dr. Carrington's at Constantinople, Dr. Atkinson's at Harpoot, Dr. Ward's at Diarbekir, Dr. Kinnear's and

Drs. Stryker and Woodhull's at Foochow, and others for which funds are in whole or in part available. One of these, to be erected at Diarbekir in Eastern Turkey, on the shores of the Tigris River, has been provided for by an Armenian, a native of that city, who had learned from experience the value of medical missions.

At the present time in Turkey, India, Ceylon, Africa, China, and Japan the American Board has fifty-nine medical missionaries, of whom seven are wives, ten are single women, twelve ordained men, and thirty unordained men. The ordained physicians give more or less time to different forms of general missionary work, while the wives are compelled to devote more time to their own home matters. The ten unmarried lady physicians and the thirty unordained men devote themselves, as a general thing, more exclusively to the medical part of mission work, putting the most of their time and strength into hospital and dispensary practice and into attendance upon the sick and suffering.

To summarize the hospitals and dispensaries, counting both those which are fairly well equipped and those which are extemporized to meet the needs of the hour and to save lives from slipping away through neglect, there are in the Turkish Empire connected with the work of the American Board, ten hospitals; in India, six, and three leper hospitals; in Ceylon, two; in Africa, four; in China, eleven; and in Japan and the Islands, two, making a total of thirty-eight. The number of dispensaries is considerably more than this, perhaps twice as many, some of them opened only at stated intervals to provide for needs that cannot otherwise be met.

It is difficult to state just how many of God's poor suffering ones are reached during the year by these places of refuge, these temples of mercy and love. Some physicians keep careful records of all patients, while others are so hard pressed by the numbers that throng to them that few records are preserved of the ordinary cases. Last year, so far as kept and reported, the records show that the physicians connected with the medical work of the American Board treated about 370,000 cases. Of these, nearly one-third were in Turkey, where the restrictions of the government make it almost impossible for a native physician to practise at all; about 97,000 were in China, where the prejudice against foreign medicine is rapidly passing; some 110,000 were in India and Ceylon; 50,000 were in Africa, the Islands, and in Japan.

It is impossible to grasp the scope and power of this medical work from the mere enumeration of the numbers of those who have been helped by it; yet in the very size of these figures we can get some conception of the wideness of the mercy of the mission hospital and dispensary.

THE WOMAN'S HOSPITAL, MADURA, SOUTH INDIA.

Nurses' Training-Schools

Every hospital has a nurses' training-school, in which the nurses are bright, educated young women from the mission schools. This is a new profession for the East, but the girls of the Orient are quick to see in it a wide opportunity. At the present stage of civilization in most Eastern countries these nurses cannot go to the homes of all classes, as they can in England and in the United States; but the circle of homes in which they can be left in safety is constantly widening. Trained nurses from this country are at the head of these schools. The main part of the nursing in the hospitals is done by the native nurses.

Every physician trains also, for the most part, his own native assistants. In some lands, like China and Africa, this has been the case with few exceptions. As medical schools are developed in these countries, and as young men from these countries take medical courses in Europe or America, the missionary physician is able to have the services of far better trained assistants, while he is freed from the responsibility and burden of training his own men. Many of these assistants go out as independent Christian physicians, and are accomplishing in a measure the same benevolent, helpful work as the missionaries. In this way the circle of influence for good sanitation, a sounder hygiene, better methods of living, and a wider freedom from disease is expanding from the missionary hospital and the missionary physician as a centre.

Of native assistants and nurses in medical work for women Dr. Parker, of Madura, says:

"Except the *gosha* Mohammedans, there are comparatively few women who cannot

avail themselves in some degree of the same medical aid as the men of their family; but timidity, ignorance of their own needs, and the curious way in which all the women of a household will unite to conceal an alarming symptom from even the nearest male relatives raise barriers between the sick woman and those who could help her. But the doors may be opened to the women of the medical mission; or the patient may venture forth to a dispensary where she will not have to speak to or be treated by any strange man; or she may even be willing to stay in a hospital, where her friends can visit her or stay with her and bring her food from home, if her caste requires it. For all the services involved the woman doctor is not sufficient. Her efforts must be supplemented and her directions carried out by native helpers, who are in some ways more useful than herself, as the patient is less reserved and timid in their presence and they have a better command of the vernacular and a fuller knowledge of the Hindu character. The native Christian woman trained as hospital assistant, able to take charge of the hospital in the absence of the doctor, to visit patients in their homes, to perform obstetric operations, is an invaluable aid, but as yet not often available. It is still a new thing for Tamil, Telugu, or Malayalim girls to study medicine. Only a few are sufficiently well educated to do so, and they are usually claimed by the educational department. The medical course, difficult in itself, is harder still when pursued in a language foreign to the student. Only four native women — all Christians — were studying last year at the medical school at Madras. But the number will surely increase, because the need and demand are pressing.

"It is only recently that girls have been trained to undertake the preparation of the medicines. The work requires a knowledge of English, and ten years ago it seemed almost impossible to find an educated woman who was willing to enter hospital employ. It was not considered an honorable calling. It is a fact that the care of the sick involves duties that are usually left to low-caste people, and the long-established Hindu custom of considering certain illnesses unclean is not without its influence. For the women of Madura it was Janiky Stephens who led the way, devoting herself to hospital service and anxiously trying to learn all works by which she might be helpful. She died of tuberculosis six years later, but not before others had been influenced by her example and had taken up the work. Our compounders not only serve in the pharmacy,— a rushing business in dispensary hours,— but also perform minor operations and do necessary dressings.

"The nurses do a large and heavy part of the hospital work. They are liked and thanked by many of their patients, but in the minds of most high-caste Hindus they are classed as servants. The friends of a caste invalid will gather their cloths tightly about them that they may not come in contact with the visiting nurse. The educational qualifications of nurses differ greatly. The hospitals which exact a knowledge of English employ chiefly young girls; those which require maturer age and more independence have

FAMINE WARD PATIENTS AT AHMEDNAGAR, INDIA.

chiefly Tamil-speaking widows. It is rarely possible to find the two qualifications combined; but that is a difficulty which will disappear as the girls now studying become older. Not many desirable positions are open to Christian nurses outside the mission hospitals. We dislike to let them engage unprotected in private or municipal nursing; the necessity for visiting Hindu homes and the low esteem in which their work is held expose them to insult and temptation.

"With all that is being done for the help and healing of the women of India, there are difficulties and problems which are only too evident to those engaged in the effort. Patients who abhor water and shut out air; who cannot read their directions and swallow their liniments; who take several doses at a time or seek fresh medicine daily and lay it aside on the shelf; and who seem unable to coöperate in the most reasonable and necessary measures for their own good try the soul of the doctor; but the distrust and fear which refuse even the opportunity to help the sufferer constitute a more painful problem. All that the medical missions are doing now is but a fair beginning of that which remains to be undertaken."

Dispensing Joy in Turkey

If one starts from Constantinople and travels eastward across Asia Minor, Armenia, and Koordistan, and keeps on in that direction until he arrives at the foot of snow-capped Ararat; if he then turns northward to the Black Sea coast and from there strikes south over the Taurus and the anti-Taurus Mountains, crossing the great populous plains of the upper waters of the Tigris and Euphrates, the Araxes and the Halys Rivers, holding

THE HOSPITAL AT ERZROOM, EASTERN TURKEY.

still to the south across Northern Mesopotamia into Syria,—in traversing all that vast region he will find almost nothing of modern medicine or surgery or hospital facilities except that which belongs to the medical missionary or has sprung from his work.

In great centres of trade and population like Cesarea, Marsovan, Sivas, Harpoot, Erzroom, Van, Diarbekir, Mardin, and Aintab one will find medical missionaries of the American Board carrying on one of the most benevolent and soul-winning lines of work God gives his children to perform on earth. With them are associated in the closest affiliation an increasing company of native doctors, many of them trained by the missionaries alone, while not a few have received their professional preparation either in the medical school at the Syrian Protestant Medical College at Beirut or in some foreign country

DR. DODD'S REAPPEARANCE AMONG HIS PEOPLE.

In places like Aintab, Cesarea, and Marsovan there are finely equipped hospitals full to overflowing with men and women, it may be with important parts of their bodies missing, but with hearts full of inexpressible gratitude to the Christ whose spirit, working upon the minds of Christians in the United States, sent out the doctors and built the hospitals that freed them from suffering and gave them life.

Secretary Harry Wade Hicks, who recently passed over a considerable part of the territory above outlined, writes as follows of what he saw of this work:

"The story had been industriously circulated that the doctor [Dr. Dodd] was dead in America. Another report, believed by many, was that he had been taken with the sleeping sickness and that he could not be wakened. At any rate, he had not returned, and mourning covered the land among his friends. When, therefore, Dr. Dodd, of the American Christian Hospital at Talas, the leading suburb of Cesarea, actually left Constantinople on his journey of six days overland, and his 'resurrection' was proven by evidences visible to the naked eye, the joy of the people was unbounded. Three hours away from the city

of Cesarea, at Anbar, a large cavalcade of twenty men and twenty-five women and children met him and his wife, using twenty-one horses and many *arabas* and wagons.

"It is not strange that the missionaries are met by the people while still afar off. Their joy and hope centre in the missionaries, and generally the measure of material comforts enjoyed by them in life is due to capacities developed in them by the missionaries and the institutions fostered by them. The missionary enterprise of to-day lays broad foundations for the life of individuals, families, races, and nations. The entire social order is affected by missions. When the heart wounds also are healed through Jesus Christ, and his spirit is at work in all the practical activities of a station, prejudice and opposition give way to confidence, if not coöperation. The problem of foreign missions in Turkey would be solved speedily if the common people were the determining factor.

"The accompanying picture of a Turkish woman in the woman's ward at the Talas hospital is but one of hundreds of possible illustrations. This woman was carried on a springless and otherwise nerve-racking, two-wheeled ox-cart for three days, in a horrible condition, for an operation of most serious character. Her only hope was found under the knife and in the care of the missionary physician. In thousands of villages women and children suffer and die — unnecessarily, from an American standpoint; inevitably, from the standpoint of Turkish conditions — because only the largest cities have native physicians skilled in modern medical practice. Epidemics of contagious diseases sweep as effectively through these villages as an American cyclone over a Western town, only with ten times the mortality. Children die in droves, and the accumulation of woe is beyond description. On the face of this woman is written the story alike of her suffering and her hope. Within an hour of her arrival every facility of a modern Christian hospital was utilized in her behalf. Three days later, when we left, she was living, not without hope of recovery, amid spiritual influences as positive as in any church at home."

EMERGENCY SURGICAL CASE,
TALAS HOSPITAL.

AMERICAN CHRISTIAN HOSPITAL, TALAS.

Overcoming Prejudices

Turkey is a land of many nationalities and as many religions. Medical work recognizes neither race nor creed. The physician looks only at the man in need, and seeks to minister to that need. Dr. Dodd, mentioned by Mr. Hicks, in speaking of the work in his hospital at Talas, dwells especially on its power to break down prejudice and establish confidence. He says:

"Men ought to accept Christ the first time he is presented to their view. They do not. The heathen ought to throw away their idols and become pure-minded, pure-living Christians the first time that the Truth is preached to them. They do not. Why? They are not convinced. They must become convinced both in mind and heart. These two sorts of conviction may be widely separated. Herein lies the value of the medical missionary work. It attacks on the heart side. It undermines the defences thrown up by the human heart against the Gospel, the fortress is entered without a contest, and thereafter the reason, battling on the other side against the rational arguments with which it is attacked, finds its support from within weakened or entirely lost.

"An old Moslem woman, wife of a venerated and wealthy Hodja, whose son was a

judge in the highest court in the city, needed an operation for cataract. She was afraid of the hospital and begged to have the operation done at her house; she was ready to pay whatever was asked extra. I said it could be done, but it would not be so good for her, because on account of distance I could not attend her so well. She was finally persuaded, and came, attended by her husband and son and servants, and also with a woman servant who must stay with her in the hospital. She was afraid of what might be done to her if she was alone: she might be made into a Christian before she knew it; the machine for turning out Christians might be set to work on her in the night; men might be allowed in the woman's ward who would see her uncovered face; she must have her guardian with her. This was her frame of mind at entrance. In a few days she had dismissed her unnecessary servant: she found the services of the nurse far better. She went to sleep trustfully at night, for she saw there were no evil designs on her. She was listening with the greatest interest to what was read from the Bible, for she saw that it was only good. She was adding her amens to the prayers for God's blessing on the operations of the day, for she had been blessed with sight. If the doctor's wife passed her by when spending a time in the wards for religious conversation she was offended, saying, 'Why do you pass me by? Come; I want to hear you.' A month later she came back for her secondary operation to complete the cure. She was found sitting in the ward, having come entirely alone, unattended, and unannounced. 'How did this happen?' she was asked. 'Were you not afraid to come here alone?' 'No, indeed,' she answered; 'how could I be afraid after I had been here once and knew you?' She was not only a 'hearer of the Word,' but took away a copy of it for reading at home.

"Thus is prejudice broken down; the determination not to believe is overthrown; the way is opened. Nor is it merely gratitude that closes the mouth and prevents the patients from talking against the religion and the arguments of their benefactors. It is love awakened by love, a more potent and permanent influence than gratitude. It can be said reverently that they love us because we first love them, and they will allow those whom they love to say to them what they would not permit others to say.

"A Turkish official, wasted and suffering, brought low by tubercular disease, came to us almost hopeless. Re-section of the knee and long care restored him to health. He said, 'It is not what I have paid that makes them care for me this way. This man beside me paid nothing and is cared for just as well. In any other place I would have been put out long ago. There is love here, and such love as I never heard of elsewhere.' He read the Bible, he committed portions to memory, he wrote out hymns in the Osmanli characters so that he could read them himself. 'Jesus, lover of my soul,' was his favorite. He acknowledged the truth of what was told him, and was certainly near the Kingdom of Heaven. Shortly before he left the hospital, however, he began to realize what his position would

IN ONE OF THE WARDS, HARPOOT HOSPITAL.

be when he returned home if he should become a Christian; he felt that the influences around had drawn him on in spite of himself; he drew back and became silent. But when he went away, it was with tears, begging us to pray for him that he might be able to hold out against the adverse influences he would have to encounter. He took his Bible and hand-written hymns with him. He has written to us since, and welcomes eagerly any association with Christ's followers. He is near, but fearful.

"Thus the hospital gives the opportunity to manifest the love of Christ, to show it in concrete form. That is the one unanswerable form that shuts out discussion. Moreover, this concrete manifestation of love presents a powerful argument to the reason. 'If the religion of Christ,' they say, 'leads to such unselfish work, such seeking of the good of others, there must be something in it. It is worth examining. There is nothing like it in our religion. We do works of charity, but it is to win merit for ourselves. Love is different.' Orthodox Greeks, Gregorian Armenians, Moslem Turks, all are compelled to see the force of this argument."

IN ONE OF THE WARDS, MARSOVAN HOSPITAL.

Surmounting Difficulties

The hospital of Dr. Thom is in Northern Mesopotamia and is the only institution of its kind for the great number of Arabs, Turks, Koords, Syrians, Armenians, etc., that occupy all that region of country. For thirty-three years this doctor has ministered to the sufferings and needs of all these people, and is greatly honored by all. In speaking of his cases, he says:

"A great deal of surgery has been done, but to classify it and say just how much there was of each kind is impossible; for at first I kept no records except of one line, calculi. In that line I have operated on three hundred or more cases,— two hundred of them by the lateral or perineal operation; seventy of them by crushing; with not more than twenty-five supra-pubic. In the first class the mortality was about 10%; in the second class, about 5%; and in the third class fully 25%. Everything was taken as it came; there was no selection of cases; and there were some very bad cases, brought on stretchers, all but dead and with not enough vitality to stand an operation. Yet it had to be done, giving them the one chance in a hundred; and many had to give up even that. The calculi varied in size from a pea to one that weighed twelve ounces.

A CLINIC DAY AT MARDIN HOSPITAL.

"The next in frequency were tubercular cases: they were frequent and persistent,— necrosis of the joints, abscesses, anywhere, but invariably incurable. As proper hygienic care was out of the question, neither food or air was such as would tend to build up the patient; with but few exceptions, whoever was attacked by this disease found himself contending in a losing game. We found it among all classes, and no age was exempt, making a fearful record from year to year. Just what the mortality to the thousand is there is no way of determining, as no records are kept of births and deaths. More than six thousand operations have been performed on these cases.

"Thirdly, we have a number of cancers, ranging in class and frequency about as they do in America. But in Turkey they are not so ready to submit to the knife, until the case

has passed the point where operating will be of any use, so that the mortality in cancerous patients is very high.

"Then we have miscellaneous work, taking in everything not included in the three classes above, amputations from various causes, gun-shot wounds, dagger wounds, laparotomies, which include all operations on the internal organs, etc., etc.

"It is not so much what we have done, as how we have been compelled to do it,—without the modern conveniences, the skilful assistant, the trained nurses, having to put up with any box of sufficient size or a shaky table a foot too high or a foot too low, in a room whose only light comes through the door, and that persistently filled by a curious and gaping people. Neither your instruments or your hands can be aseptic. Your assistants are any you pick up. You turn over the chloroform bottle to a person who never saw it or heard of it before. And still you go on operating, trusting in God and doing the best you can."

WAITING FOR THE DOCTOR AT THE
MARSOVAN HOSPITAL, WESTERN TURKEY.

Doctors and Witch Doctors

There is undoubtedly no class of physicians who have such varied experiences and who are called upon to take so large responsibilities, often entirely alone, as the missionary physicians. They can seldom call in another doctor for consultation, for many of them, like Dr. Thom, at Mardin, would have to wait five or six days for an associate to reach them. By that time most patients would have ceased to require a consultation.

A young doctor was fitting himself for work in the tropics. When the venerable lecturer came to the subject of cholera he said, "Not one of you will ever see a case of cholera; I never have; so we will dismiss the subject." That young man was plunged into the midst of cholera at once upon his arrival on the field. Most fortunately, he had taken a postgraduate course in England on the treatment of tropical diseases before venturing upon his work.

Dr. J. B. McCord, of Durban, South Africa, shows how closely the practice of medicine in the Dark Continent is mixed up with the superstitions of the people:

"To the Zulu no sickness comes without a cause, and he knows of only two adequate causes,— external violence and poison. So when he is sick and has received no wound or other injury he concludes that he has been poisoned. Perhaps it has been by medicine put into his food or native beer, perhaps by some medicine or charm thrown on him as he walks, or put into his path as he goes about his work, or perhaps it has been by some incantations or other form of witchcraft practised from a distance. He suspects his wife who has cooked his food; he suspects his brother who wishes to inherit his wives and other property; he suspects his neighbor who has enmity toward him; but most of all he suspects that old doctor up on the hill yonder, who has a great reputation as a healer of all these diseases and who is believed to make the poisons and charms to use himself or to sell to others who wish to poison some one or gain some other end through witchcraft. So the sick man takes

AN AMATEUR OPERATION IN DENTISTRY.

DR. THOMPSON'S OUTDOOR OPERATING-ROOM. MT. SILINDA, RHODESIA.
(The patient had been attacked by a lion.)

a cow or a goat and hastens up to consult this old doctor, for who should know the antidote so well as the man who made the poison?

"Thus the doctor is feared as the maker of poisons and charms, and venerated as the healer of disease, and the belief in witchcraft is as firmly rooted as any belief can be in the unchristian heart; for sickness is ever present, and, to the Zulu mind, is always due to witchcraft or other diabolical arts of those near-by. No wonder that the native fears the wizard! No wonder that he venerates the successful doctor! No wonder that he is willing to pay the exorbitant fees charged by the native doctor who pretends to be able to defeat the charms which have caused his illness! No wonder that the native doctors do all in their power to foster the belief in witchcraft, and no wonder that this is one of the great obstacles to the advance of Christianity among the natives in all South Africa! A large proportion of their sicknesses are caused by indiscretions in diet, or are ailments which a few directions in regard to proper living and some simple remedy will correct.

"It is among such a people that my work lies,— a people steeped in superstition; at the mercy of the witch doctors, at whose hands they suffer all manner of abuse; without knowledge of the laws of health, but with the greatest veneration for any one who can cure disease; a people who enjoy health as much as you or I, who feel pain as keenly, and whose dread of disease and fear of death amount to a terror. And for the simple joy of

relieving suffering and saving life, speaking purely from the standpoint of personal satisfaction, even if there were no missionary motive behind, I don't think that I would exchange my work for any line of work that I know of.

"But the personal satisfaction is not the main point. It is not the reason for sending missionaries to work among the heathen. Nor is the relief of suffering the foremost reason for medical missionary work. Unless this helps along the Kingdom of Christ on the earth our work must be of transient benefit to mankind and will pass with the passing of the missionary."

BEATRICE STREET CHURCH AND DISPENSARY, DURBAN, NATAL.

A Wide Field

MRS. CAMMACK.

DR. WM. CAMMACK.

The gospel of healing in Africa and the ways of the Christian physician are full of mystery and delight to the suffering children of the Dark Continent. Wherever the doctor stops, there he finds humanity in need of repairs, and to him it flocks in eager hope. Dr. and Mrs. Cammack, both of them physicians, were recently sent to Western Africa, where they are beginning their work at Chisamba. They had not been there long when Mrs. Cammack wrote of their surroundings to a personal friend. We cannot better describe the work of the medical missionary in Africa than by quoting from this letter:

"The medical work here is enough to keep our hands full now, and is growing all the time. If it continues to grow after this fashion you will have to send us out more doctors before long. We have from forty to sixty patients each day, and all sorts of cases, some of them very interesting and others serious and sometimes incurable, though some things which are considered almost incurable at home seem to respond better to treatment here. We have done as few major operations as possible, because of lack of equipment, etc., though we hope to get things in better shape for such work when our last order of medical and hospital supplies arrives.

"Our first hernia operation was done on one of the school tables; the sheets, towels, and sponges were sterilized by boiling in a galvanized tub, which was the only thing available as a sterilizer; and they had to be used wet, as we could not dry them without danger of soiling them again. It was done in a room with a dirt floor, and native stools were used to hold the basins. The native helper, who speaks a little English, stood by during the performance, and was 'all eyes.' He was fairly glued to the spot. After the operation he helped Mr. Cammack and two other men carry the patient, still unconscious, to his room and bed. The next day Miss Bell met him on the street, and asked, 'Well, what did you see yesterday?' He speaks a little English, so he replied, 'I saw — I saw — I saw him *die*.' Later he said, 'When we carried him home and he was still dead I never thought he would live again.' But he did, and got well, and has gone back to his village as happy as a man could well be.

"People came from far and near to look at him and wonder at the story that was told of him. It really was to them as if he had truly risen from the dead. And I do not doubt, from the way these people act and talk about him, that he is as much a walking miracle

FIRST HOSPITAL BUILDING AT CHISAMBA.

ELLA WILLIAMS HOSPITAL, CHISAMBA.

as the man the Saviour restored to his mother from a funeral bier was to the people of his day and age.

"Our work is more than paying expenses already. We took in more than enough the first month to pay the initial cost of our six months' supplies of drugs. Of course every month may not average as well; it could hardly be expected to do so, but I have been surprised at the amount that has come in. It is this work that has taken Mr. Cammack away from home so much, and it cannot be helped when doctors are so far apart. It takes so long to get to and from cases! It will be a long time yet before the railroad gets up even this far, and then it will be available for travel in only two directions. Well, we'll just have to pray a little harder for the Lord to open somebody's pocket-book at home and send us out some more workers. I hate to ask for more *here*, when I know there are so many other countries needing them so badly, too; but the destitution and the ignorance and superstition and terrible native practices upon those who are sick are appalling sometimes.

"Just for instance: a tiny, weazened little mite of a baby, less than a month old, was brought to me a short time ago. The mother was a dreadfully stupid-looking thing, with an enormous lower lip, scarcely any chin, and a huge goitre. She said the baby's digestion had not been right since it was born, and its arm was swollen. When I looked at it I found that its body was covered with the scars of cuts which had been made for the purpose of cupping it and letting out blood and the disease that was affecting the child, as they thought. Its left arm, from wrist to shoulder, was also covered with these same cuts, each about half an inch long. At least one of them had been done with a knife that was infected, so that the arm had become infected. It was swollen very large, and was as hard as a rock; even the glands in the arm-pit were swollen. The right leg near the ankle had a little patch of itch on it, and that leg and foot also were covered with cuts. I counted thirty-seven cuts on that tiny foot alone. I do not know how many the baby had on its whole body. The leg also was infected, but not as badly as the arm. In the course of a few days I found it necessary to lance the arm, and there gushed out a fountain of pus, fully half a cupful, and there was considerable of it for a good many days afterward. A simple treatment cured the baby's trouble, but imagine what the poor little thing had suffered during its less than a month of life! That is just one case, and not nearly as bad as some we have had. Some of their practices are so cruel they fairly make your blood run cold. And the pity of it is that they don't know any better, and would be so glad of doctors if some would only come."

A Doctor's Practice in Africa

A glance at the following list of diseases requiring medical and surgical treatment in the field of the Rhodesian Branch Mission, South Africa, will indicate the variety of practice which falls to the lot of a missionary physician:

Influenzal colds.

Bronchitis.

Broncho-pneumonia.

Phthisis.

Gastro-enteric disorders.

Cholera morbus.

Cholera infantum. This carries off, it is believed, at least 50% of the children before they reach the age of five years. Is almost entirely preventable. Occurs particularly during the first year of life, and is due to feeding the infant contaminated food. Infants are always breast-fed and given food as well from the day of their birth.

Acute poisoning from mushrooms.

Chronic rheumatism.

Various skin-disorders.

Boils.

Measles.

German measles.

Chicken-pox.

Smallpox. A great many children have been vaccinated.

Malarial fever. The African tropical type and very common, almost every one suffering from it, especially in childhood, both natives and whites.

Hoemoglobinic fever. Not commonly seen among natives, but claims a good number of whites every year; often terminates a protracted case of ordinary malarial fever.

Billarzia. Very common among the natives, and a fruitful cause of anæmia, cystitis, and dysentery.

Echinococcic cysts.

Occasional Leprosy. A few cases.

Syphilis. Getting more and more common; a severe type often frequently infects whole families.

Gonorrhoea. Occasional.

"Natal sores." A chronic ulcer, very common and obstinate, usually resulting from some trifling neglected sore.

Cellulitis, etc., from wound infection.

Minor accidents, of all kinds, including occasional fracture.

Wounds produced by wild beasts are quite common.

Burns. Very common in winter.

Orteo myelitis. Both acute and tubercular forms.

Teeth-extraction.

Abscesses from decayed teeth.

Infectious ophthalmia. Very common in old and young in cold weather and destroys sight in many cases where untreated.

Amenorrhoea.

Accidental abortion.

Difficult labor.

Accidental hemorrhage.

Retained placenta.

Puerperal septicaemia.

A great many minor wounds become infected when untreated and render the possessor an invalid or semi-invalid for life. By employing modern antiseptic methods we thus are able to save a great many from these conditions, as well as to restore to usefulness limbs already maimed.

Tumors. Lipomata, Enchondromata, Wens, Recurrent Fibroid, Umbilical Hernia, etc. Not often treated heretofore, because of lack of time and facilities for treatment.

Typical Cases in India

To show from another land something of the wide range of diseases treated in a large mission hospital, as well as the strange character of some of these diseases, the following statement by Dr. Van Allen of Madura, South India, has unusual interest and value:

"In the General Hospital for men we treat annually about four hundred in-patients, about two-thirds of whom are surgical cases, and about 22,000 dispensary patients. The great mass of surgical cases are of no special interest, being the usual major and minor operations; but there are two classes of operations which are of some special interest.

"Broken arms, set by native doctors, are often so tightly bound between bamboo splints that circulation is stopped, gangrene sets in, and the patient (usually a boy six to fourteen years old) is brought to the hospital for removal of his arm. This is a curious but common cause of a good many amputations at our hospital in Madura.

DR. VAN ALLEN IN THE OPERATING-ROOM.

"Another class is amputation for mycetoma, or 'Madura foot.' Mycetoma is caused by a fungous growth, and shows itself by an enlargement of the foot (growing slowly). The fungus gains entrance into the tissues of the foot through a crack or abrasion of the skin. After a few months a discharge begins to appear at the site of infection. Soon the foot has undergone degeneration, and amputation is the only remedy. This disease occurs among tillers of the soil only, and no doubt the fungus is in the muddy rice-beds. Mycetoma has taken the name 'Madura foot' because it was first described and published from an observation of many cases in the Madura district, India, where the disease is common.

But it occurs also in China and other Asiatic countries. Very exceptionally mycetoma occurs in the hand. Mycetoma bears no relation to elephantiasis, which disease it resembles in some ways.

"The people of India make excellent surgical patients. This is probably due to their being largely grain-eaters. They react well from shock, operation wounds heal quickly, and they take chloroform well. We have administered chloroform about 5,000 times in the past eighteen years without a fatality. We recently saw the records of the Hyderabad State Hospital, India, where there had been 44,000 administrations of chloroform without a death.

"Among the dispensary patients we see examples of diseases peculiar to the tropics. Leprosy is one of these. According to the last census, there are 200,000 lepers in India. Nodules the size of a small pea appear on the nose, edges of the ear, and over the eyebrows, the skin at the base of the nodules thickens, giving the face a heavy, characteristic look. At the same time numbness appears in the extremities; the fingers and toes shrink and finally drop off. About ten years elapse from the beginning of the disease to its fatal termination. Little can be done to delay the progress of the disease, and nothing at all actually to cure it. Chaulmoogra oil rubbed freely into the skin of the whole body every night, and iron taken internally, produce the best results. There is usually an amelioration if this treatment is continued faithfully for several weeks, but we have never seen a case really cured by it. Leprosy is caused by a rod-like bacillus which appears under the microscope almost exactly like a tubercle bacillus. It requires the same double stain. People suffering with leprosy are like those suffering with tuberculosis, full of hope of an eventual cure. A race peculiarity prevents Europeans from contracting leprosy. Within the last few years several Europeans have allowed themselves to be inoculated with leprosy bacilli in the London Tropical School of Medicine, with entirely negative results. There is but one authentic case of leprosy occurring in a European in India.

AT THE MADURA HOSPITAL.

"Another disease of which we see much in India is cholera, a disease lightning-like in the rapidity of its action. Cholera appears in a village, the first stricken ones die in a few hours, soon others are down with it, the disease spreads, other villages in the surrounding country are infected, and a pandemic of cholera prevails. In the first few days of the onset of the disease nearly

every one attacked dies; toward the end of the epidemic nearly every one attacked recovers. After a month or so the epidemic or pandemic has stopped. No more is heard of cholera for a year or so, then another outbreak occurs. About fifty per cent of those attacked die. Endless are the means for combating cholera. This means that there is no one means or method preëminently successful. We believe that turpentine frictions to impart vitality to the patient and to keep up bodily heat, together with a certain kind of 'cholera drops,' offer the best chance for recovery. The cholera germ is not hardy, but is readily attacked and killed by other germs normally present in the alimentary canal. But the cholera germs grow with astonishing rapidity, gaining the upper hand at first. The following experiment was made. A woman was dying with cholera. A tiny drop (loopful) of the dejections was put into a test tube with sterile gelatine. In a few hours colonies of germs had developed in huge numbers. A microscopic examination of these showed a pure culture of cholera germs. Two days later a microscopic examination of the same colonies was made and not a cholera germ could be seen; in their place there was a thick growth of long, thin bacilli which had destroyed the cholera germs.

"Another disease (of which we have fortunately so far seen little in Madura) is plague. The subject of plague is a very big one. It could not perhaps be briefly stated better than this: Plague is a rat disease, just as hydrophobia is a dog disease. If all rats were to be killed plague would stop just as hydrophobia would stop if all dogs were killed. Plague is transferred from rat to man by the rat flea. The flea bites a rat that is suffering from plague and so becomes itself infected. It then bites the human being, thus carrying infection; shortly after this the man or woman comes down with plague. The following interesting experiment has been tried. Six rats were caught and placed in a receptacle, *flea proof*, and put into a house in which there had been deaths from plague. Beside them were placed six other rats in an open cage. At the end of ten days the first lot of rats were in good health and the second lot were all dead with plague. The cause of plague is a bacillus — bacillus pestis. A million people died last year in India from plague. About ninety-five persons out of a hundred attacked by plague die. The duration of the disease is about three days. Haffkin's preventative serum is probably the best remedy, but even that has fallen into disuse. Yersin's serum is another remedy which has not succeeded, but which promised well. Carbolic acid, pure, in the huge dose of one drachm, given internally, seems to be the coming remedy; it has succeeded in some cases. Killing off all the rats has not proven to be such an easy task as it was once thought it would be.

"Malaria. No one knows how many people die yearly in India from malaria. The number is certainly enormous, and is probably quite a million. Quinine is of course the one remedy for malaria. So efficient is quinine for this disease that the British Government has caused it to be put on sale in every post-office in India. It is put up for sale in

GENERAL HOSPITAL, JAFFNA, CEYLON.

ONE OF THE WARDS.

packets of five grains, and one packet is sold for about a cent. Quinine is thus put within the reach of the poorest and most ignorant person. In our hospital in Madura we often inject quinine hypodermically, this being the quickest and most certain way of controlling malaria. Ordinary sulphate of quinine will not do for injection, as it is too insoluble. The bihydrochloride of quinine is so highly soluble that one grain may be dissolved in one drop of water; and so unirritating that twenty grains (an ordinary dose in the tropics) may be injected with almost no pain."

AT DINDIGUL DISPENSARY, SOUTH INDIA.

(Closed at present.)

THE NORTH CHINA UNION MEDICAL COLLEGE.
(Building owned by the London Missionary Society.)

One of China's Hospitals

China at the present time offers probably the largest and most promising field for the medical missionary. Its dense population and great modern awakening constitute both a field and an inspiration to the medical missionary from the West. The Williams Hospital at Pang Chuang is the only institution of its kind for some 3,000,000 people, and yet it is carrying on its benign work under the enthusiastic and skilled direction of Dr. and Mrs. Tucker, both physicians, in buildings that are a disgrace to the Christian civilization that sent them out and supports them in the field. The sum of $10,000 for new medical equipment at Pang Chuang would work a miracle no less marvellous than those performed by our Lord himself, and would enable the physicians in charge, under God, to perform even greater works than these. In speaking of the influences of the medical work, Dr. Tucker writes:

"Boycotts and many other irregularities of relatively peaceful China do not affect our work. The sick we have always with us, sometimes fivescore or more. The aching tooth does not object to American forceps, any more than other ills fail to yield to rational treatment. Every day patients come from afar, evidently fearful of what the dreadful foreigner will do. Gradually the fear is worn off by kindness and the sharp and serrate edge of pain, till, as the daily rounds of the wards are made, or these new friends are seen in the meetings, it is they that make the advances, and beseech us to do anything we will.

"The thousands who are brought into our yard every year by the ills of humanity have many opportunities of learning of God, often for the first time. Recently in one year some forty from the hospital ranks took one or another of the steps to church-membership. No one can reckon in foot-pounds the direct or indirect influence carried away by every patient.

JUST VACCINATED.

"A population of three million is so vast that for a long time to come our clientele will be from new regions, and so the seed is scattered. Will it bring forth fine, perfect, ripe, ideal fruit? Probably not in many cases, but the second generation will be more godly than the first, and the third still more so. A man's eyes were helped, but seemingly no special impression was made on his dormant Confucianism. He went home, and, as a result of the treatment he had received, in a few months forty-one from his county came to the hospital. A number of these became earnest believers, living up to their light, perhaps as well as you or I.

"Though located in the country, our hospital is widely known, and the few officials of our region have asked occasionally for our services. A Te Chou official reported to his nephew, Yuan Shih Kai, that he was very sick. China's greatest man promptly telegraphed him to call for the Pang Chuang physician. After the Boxer Chinaquake the arsenal formerly located at Tientsin was moved to Te Chou, so that the beloved foreigner should not be so minute in his inspection of its output. Naturally, the missionaries, the only foreigners of the region, were not invited to inspect the new plant. Indeed, when some of them called, they were plainly told they could see very well from outside the walls! Times have changed. Recently a man had his arm terribly mangled in the arsenal machinery. He was sent here and made a wonderful recovery. He was an important workman, and a favorite. Several others have come from there, and the arsenal has officially made a substantial contribution to the hospital, and on the occasion of a recent visit the physician was most cordially received on the arsenal premises.

"In one of the busiest months there were discharged 141 patients, who returned to their homes in 123 villages, located in nineteen counties. Such is our parish. In this first quarter century of our work the number of dispensary treatments totals 310,825, while 12,979 men, women, and children were given opportunities of eternal value in the hospital. Dr. Porter (formerly of this station) has recently written, 'One-half of our native churches had their origin in patients in hospital attendance.'

"The average annual cost of a 'bed,' or space on a brick 'k'ang,' is $12.00, one dollar a month. This includes average dressings, medicines, etc., though for the sake of humanity this cost should be raised to $18.00. Better service would give better results. The average annual cost per bed in thirteen of the large English hospitals is $413.00; it is likely to be about the same in the United States. Though as a rule we do not supply food, the discrepancy is too enormous. The Chinese are worthy of some of the comforts as well as a few of the necessities of the sickroom, especially as their proportion of coöperation increases. Every in-patient who is able to do so now pays a 'string of cash' (35 cents) on entering the hospital; and since the establishment of the rule a few months ago no one has felt it unwise. This means that an in-patient now pays about one-fourth of the cost of his maintenance."

THE PANG CHUANG HOSPITAL STAFF.

DR. H. N. KINNEAR, of China.

China's Need of the Foreign Physician

A missionary physician near Peking in China gives some interesting experiences rising out of his medical practice among Chinese, the which are illustrative of what every missionary doctor in that country is liable to meet. He says:

"Is there justification for the existence of medical missions in China? What is the condition of medicine in this Empire? A short time ago I was called to treat a family which was poisoned with arsenic. A neighbor had used the village grist-mill for pulverizing the crude drug, which he was using in his garden to destroy insects. The stones were not cleaned, and the poisoned family was the next to use the mill. When I arrived there were seven persons lying about the court groaning with pain and presenting a most dejected appearance; but by means of antidotes fatalities were averted.

"Among the sufferers was a native doctor; he practises medicine as a side issue, his main occupation being that of a farm hand. In country districts the sick are treated almost entirely by this class of doctors. There are no medical schools for the teaching of medicine, neither is there any let or hindrance to the practice of medicine. The unlettered coolie and the literati, who boast of having the aid of medical works four thousand years old, may be called in quick succession to the same case, and the medicine of one is apt to be about as good as that of the other.

"When I left the patients were all feeling better and trying to rest. The next morning I was called in haste to the bedside of the doctor. He was apparently much excited; he extended his hand for me to feel his pulse. I told him that his pulse was not much out of the way. He replied: 'I am up in the practice of medicine. My pulse is the pulse of the dying. I know all about the art of feeling the pulse: in men you feel it at the wrist of the left arm and in women at the wrist of the right hand. Oh, you can't fool me as to my condition; I know all about it.' Then he ordered his stockings to be brought and hastily put them on. He gave many orders about what he wished to have done before and after his death. Every now and again he would snatch a few seconds of time to feel his pulse, as if estimating the amount of time still at his disposal. I remained long enough to get him quieted, and the next morning he was hoeing corn. I mention this case simply to give some idea as to the status of medicine in China.

"A short time ago a medical missionary was called to the residence of a high official in Paoting-fu, to see a lad who was supposed to be suffering from an abdominal tumor. The native physicians were doing all they could for the case; nevertheless, it was steadily

increasing in size. External applications were of no avail. It was quickly relieved by a catheter, as it was simply an overdistended bladder.

"When soldiers are tortured for misconduct they are sent to our mission hospital for treatment. At the present time I have but one of this class of patients in the wards, but his is a desperate case. The flesh on the thigh was destroyed almost to the bone. A few days ago a soldier came into the hospital suffering from a strangulated hernia of severe type. An operation was demanded immediately in order to prevent the bowel from becoming gangrenous. There are no surgeons in the military camps which are located in this city.

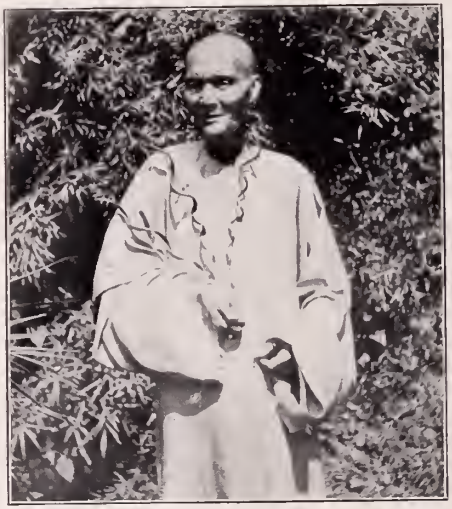
"Some time ago I was in a silk-shop. They did not know that I was a physician, and I saw how they were treating a large boil on the neck of a clerk. A native doctor was writing lucky characters on the poor man's boil, with the expectation that these characters would cause the thing to disappear.

"China is awakening. A short time since an Imperial Edict was issued forbidding temples to have prescriptions which the people could procure by paying for the privilege of drawing lots. The temples in this city still continue the custom, but it will probably be stopped sooner or later. The prescriptions are made up of rather inert drugs, consequently they are not fraught with the danger that one would naturally expect.

MEN'S HOSPITAL, TUNG CHOU, NORTH CHINA.

"It is not uncommon to meet persons who have cut flesh from their limbs and offered it to idols, with the hope that they would restore a sick parent to health. There is a temple built on the top of a precipitous mountain some miles to the east of this city, and yearly there are several persons who throw themselves from this temple to instant death in order to induce the gods to heal sick friends.

"Physicians gain the confidence of the people very quickly, as they are grateful for relief obtained and are willing to listen to spiritual truth. The influence of medical missions is noted from the beggars on the streets to the monarch on the throne. When walking the streets one will hear the forlorn beggars saying one to another, 'There goes the doctor.' A short time ago the Empress Dowager deputed an officer of high rank to represent her at the opening of the Union Christian Medical College in Peking."



NATIVE DOCTOR OF FOOCHOW.

(The remarkable development of finger-nails is in fulfilment of a vow.)

Summary

This medical work is one of the least expensive and most productive forms of mission work carried on anywhere in the world. Some of these hospitals are self-supporting except for the salary of the missionary physician in charge, while others are nearly so. This cannot be said of any general hospital in the United States or England. The people who are able pay liberally for what they receive, and this provides for free medicines and treatment for the poor.

Not to collect a fee from all who can pay is to invite trouble and expense. A Chinaman will come for free medicine in order to get a bottle to sell, and most Orientals regard anything that is given to them as of little or no value, else why should it be given away? Medicine that is paid for will be taken, but who knows what will be done with free medicine! The doctor who gives it does not know.

The cost of native nursing is slight, and the salaries of native assistants is not high. For these reasons and others the conduct of a hospital with dispensaries reaching from 10,000 to 25,000 patients each year, many of whom for the first time in their life experienced there a taste of Christian love and sympathy, costs annually only a few hundred dollars in addition to the fees and thank-offerings received from the grateful patients.

The entire thirty-eight hospitals of the American Board could be endowed with a fund that is insufficient to meet the needs of one of our many city hospitals.

There is no more devoted medical work done in the whole world than is carried on by these medical missionaries. Each one is compelled by the force of circumstances to be an expert in nearly every department of surgery and medicine. The range of cases is boundless, and the individual responsibility is great. Such conditions make great physicans and surgeons. The practice of medicine in a mission land by a Christian physician is evangelistic work in itself. It is real and true preaching, that is understood by the people better than much that passes under that name.

The Foreign Department of the American Board will be glad to correspond with those who are especially interested in any particular physician or hospital, or in the work as a whole.